

Community pharmacists' perceptions of their role in monitoring cancer patients and survivors

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Background: Oncological diseases greatly impact patients' quality of life due to their symptoms and the adverse effects of treatments. Community pharmacists can contribute to supporting cancer patients and survivors, from education to prevention, screening, therapeutic monitoring, and promoting quality of life.

Purpose: This work aimed to investigate community pharmacists' perceptions regarding their role in monitoring cancer patients and survivors.

Method: A cross-sectional study was carried out, with self-reported data collected from October to December 2023, through an online questionnaire constructed for this purpose. The questionnaire was disseminated through social networks and through contacts of the Regional Section of the South and Autonomous Regions of the Pharmacists' Professional Society (SRSRA-OF). The study was approved by the Ethics Committee of the School of Health Sciences and Technologies of Lusófona University (P29-23).

Findings: A total of 162 pharmacists responded to the questionnaire. Among the pharmacists surveyed, only 1.9% reported providing structured follow-up for cancer patients, with follow-up efforts primarily driven by the need to manage adverse reactions and drug interactions. In the context of cancer prevention, the most commonly reported interventions were vaccination initiatives and promoting protective measures against solar/UV radiation. In contrast, support for cancer diagnosis was infrequent. Pharmacists rated their knowledge as "Sufficient" in prevention and diagnosis, but "Good" to "High" regarding adverse effect management. Most pharmacists felt moderately qualified to counsel cancer patients and believed that patients generally trusted the advice provided in the pharmacy setting. Notably, 66.1% of respondents recognized their role as significant in enhancing the quality of life for cancer patients. Additionally, 77.2% emphasized the relevance of establishing pharmaceutical care consultations specifically for oncological diseases. However, barriers such as limited coordination with hospital services and insufficient specialized knowledge were frequently cited. Specialized oncology training emerged as the most influential factor shaping pharmacists' responses.

Conclusion: This study demonstrated that it is necessary to increase pharmacists' training in oncology and create communication systems between community pharmacies and hospitals, thus contributing to better monitoring of cancer patients.

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Perception of Cancer Patients and Survivors Regarding the Role of Community Pharmacists in Disease Management

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Background: Cancer represents a critical public health issue worldwide, affecting millions and remaining a leading cause of mortality. This condition necessitates complex treatments, significantly impacting patients' quality of life. Multidisciplinary collaboration, including community pharmacists, is vital throughout the cancer care continuum - from diagnosis and treatment to side effect management.

Purpose: This study aimed to assess cancer patients and survivors' perceptions of the community pharmacist's role in their care, focusing on trust and disease management.

Method: An observational, cross-sectional study was conducted with cancer patients and survivors, residing in Portugal. Data were collected via an online self-reported questionnaire, which was disseminated through social networks and Portuguese cancer patient associations. The study received ethical approval from the Ethics Committee of the School of Health Sciences and Technologies of Lusófona University (P29-23).

Findings: A final sample of 105 cancer patients and survivors aged 27 to 91 years was obtained. The majority of participants expressed trust in community pharmacists. Notably, 43.8% and 53.3% of respondents rated pharmacists' knowledge as "Sufficient" in preventive measures and diagnostics, respectively. Furthermore, 61% perceived pharmacists' expertise in managing oncology treatment side effects as "Good or High." Approximately 80% emphasized the importance of communication between hospital teams and community pharmacists, while 70% highlighted the relevance of implementing personalized pharmacy services.

Conclusion: Cancer patients and survivors generally trust community pharmacists, though significant potential exists to expand their active role in oncology care. Enhancing communication between hospital and community pharmacy settings, alongside developing personalized services, is critical for improving patient outcomes and fostering comprehensive care.

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Assessing the Impact of the COVID-19 Pandemic on ADHD Medication Use in Portugal: A Time Series Analysis

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Background: Attention Deficit Hyperactivity Disorder (ADHD) is a common neurodevelopmental disorder often managed through pharmacological interventions, mainly through drugs such as methylphenidate, lisdexamfetamine, and atomoxetine. Effective symptom control depends on consistent treatment adherence. However, global disruptions caused by the COVID-19 pandemic may have altered prescribing and consumption patterns for ADHD medications, reflecting shifts in healthcare access, educational routines, and parental oversight.

Purpose: This study aimed to investigate the temporal trends in ADHD medication use in Portugal between 2018 and 2023, focusing on how the COVID-19 pandemic influenced these patterns.

Method/Study Design: An ecological study design was adopted, utilizing ADHD medication sales data converted to Defined Daily Doses (DDD) per 1,000 inhabitants per month (DHD) for individuals aged 5–19 years. The WHO/ATC 2024 DDD classification enabled the DHD calculations. Trends in overall consumption for specific active substances were analyzed pre- and post-pandemic. Statistical analyses included comparisons of average quarterly consumption, assessments of seasonal variations and Interrupted Time Series Analysis (ITSA) with a cut-off in September 2020.

Findings: From 2018 to 2023, ADHD medication use in Portugal increased significantly, with total DHD rising from 14.22 (± 4.001) in 2018 to 25.48 (± 4.73) in 2023 ($p = 0.001$). During the pre-pandemic period, ADHD medication use showed a decreasing trend, including a notable decline in 2020 (-7.24%). This was followed by sharp post-pandemic increases (17.77% in 2021, 24.29% in 2022, and 25.77% in 2023). ITSA identified a negative trend before the pandemic (-0.67% DHD per month, $p = 0.220$) and a significant positive trend post-September 2020 ($+3.05\%$ DHD per month, $p < 0.001$). Lisdexamfetamine showed the most pronounced rise, with DHD increasing from 0.621 in 2019 to 7.46 in 2023, apparently due to a decrease in the use of methylphenidate. Seasonal variations were evident for methylphenidate and atomoxetine but not for lisdexamfetamine.

Conclusion: The COVID-19 pandemic significantly influenced ADHD medication use in Portugal, leading to a increased consumption, particularly of lisdex-amfetamine. This suggests shifts in treatment approaches, possibly due to drug availability, heightened awareness, diagnostic practices, or changes in educational and healthcare settings. These findings underscore the importance of adapting ADHD treatment strategies to meet evolving needs in the post-pandemic era. Insights from this analysis can guide healthcare providers and policymakers in optimizing ADHD management.

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Pharmacists' role in multidisciplinary pain management teams in primary care: A relational approach to team dynamics

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Background: Team-based, person centered care enhances better patient outcomes. However, the interactive role of pharmacists as important members of primary healthcare teams is a novelty in Sweden. This means that their precise role is not yet clear, and moreover, that they tend to operate in isolation from other professionals. The hierarchized nature of primary health care teams implies that physicians traditionally have the final say about medicines. Hence, we wanted to explore how the relational and structural conditions influence the pharmacist's role in fostering effective teamwork and ultimately contribute to better patient outcomes in a team working with pain management in primary care.

Purpose: This study aims to explore the interactions between the pharmacist's and other clinicians, and patient in a team-based care management in primary care.

Method: Data was collected from team conversations between patient, pharmacist, physician, psychologist, physiotherapist, and case manager. The conversations were observed and audio-recorded. Data comprises 62 pages of transcriptions and in addition observers' notes. In this preliminary analysis, data were analyzed with thematic analysis informed by a modified version of the conceptual frame- work by Reeves et al. (2010) along with the theory of power dynamics in teams. The data analysis focused on how the pharmacist interacted with the team, emphasizing factors such as professional power, hierarchy, team roles, and team processes.

Preliminary findings: Three multidisciplinary team conversations were observed, involving four patients. Pharmacist interactions primarily involved physician and patient, but was also extended to psychologist, whose opinions could influence the process. Pharmacists demonstrated expertise and professional authority by independently suggesting treatment approaches, while recognizing the physician's leading role. Patients often displayed trust in the pharmacists by engaging in discussions with them about their care and seemingly valuing their expertise. Pharmacists sought approval for specific topics and deferred decisions to physicians, who in turn fostered collaboration by validating colleagues' contributions and delegating responsibilities to the pharmacists. Pharmacists adopted a holistic approach, acknowledging broader care responsibilities and stepping back when another professionals' expertise was more relevant.

Conclusions: This study highlights how pharmacists balance professional authority and collaboration to increase patient outcomes. By providing expertise and adopting a holistic approach, pharmacists actively contribute to treatment planning while respecting the leadership of physicians and the expertise of other professionals.

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Pharmacotherapy Optimisation for Nursing Home Residents: A Multidisciplinary Team Approach

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Background: In older adults, the presence of comorbidities and geriatric syndromes, along with exposure to polypharmacy and potentially inappropriate medications, represents a significant risk for poorer treatment outcomes. This is particularly evident among residents of long-term care facilities, highlighting the necessity of optimising their therapy. However, the need for specialised staff and the high workload healthcare professionals face in care homes pose challenges to routine review and therapy optimisation.

Purpose (research question): This study aims to implement a pilot project to optimise the therapy of care home residents by involving a multidisciplinary team (pharmacists, general practitioners, geriatricians, and nurses).

Method/study design: A comprehensive geriatric assessment was conducted based on patient interviews, medical documentation, the best possible medication history, and laboratory and physiological measurements. The pharmacist proposed a therapy optimisation plan, which was presented to and agreed upon by the multidisciplinary team for each participant.

Findings: The pilot project included 21 participants (mean age 85.27 ± 9.62 years, 85.71% female, mean duration of stay in care homes 5.15 ± 4.09 years). The geriatric assessment revealed the presence of frailty (Rockwood Frailty Scale score 6.3 ± 1.9 [normal <4]), sarcopenia (SARC-F score 6.1 ± 2.8 [normal ≤4]), depression (Geriatric Depression Scale score 6.1 ± 4.4 [normal ≤4]), and cognitive impairment (Mini-Cog score 1.4 ± 1.4 [normal ≥4]). Higher scores on the Geriatric Depression Scale positively correlated with Rockwood Frailty Scale scores (r=0.45; p=0.04).

Recommendations included 39 medication discontinuations (9 benzodiazepines and benzodiazepine-like drugs, 6 proton pump inhibitors, 11 antihypertensives, 7 analgesics, and 6 from other groups), 5 dose reductions with an average reduction of 50%, 34 medication initiations (primarily vitamin supplements and paracetamol as a substitute for discontinued analgesics), and 11 initiations of enteral nutrition.

Conclusion: This pilot project underscores the importance of a multidisciplinary approach in optimising therapy for older adults. It highlights the need for further research in geriatric medicine and pharmacotherapy and the integration of pharmacists into healthcare teams caring for this population.

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Development of a Core Outcome Measurement Set (COMS) for community pharmacist-led medication review studies: Preliminary findings

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